

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

FEB Tofficial Use Only

AM POLITICAL ACTICES CO**COVER PAGE**

COUNTY CLERK and EX-OFFICIO CLERK BOARD OF SUPERVISORS SUTTER COUNTY

2011 FEB 15 AM 11:19

Please type or print in ink	B 15 AMII: 19	SUTTER COUNTY
IAME OF FILER (LAST)	(FIRST)	(MIDDLE)
GALLAGHER	JAMES	М.
. Office, Agency, or Court		
Agency Name		
SUTTER COUNTY		
Division, Board, Department, District, if applicable	Your Position	
BOARD OF SUPERVISORS	DISTRICT 5	
▶ If filing for multiple positions, list below or on an attachment	i.	
Agency: SEE ATTACHED LIST	Position:	
Jurisdiction of Office (Check at least one box)		
☐ State	☐ Judge (Statewide Jurisdicti	on)
Multi-County SUTTER, BUTTE, SACRAMENTO	County of SUTTER	
City of		
Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2010, through		1
2010or-	(Check one)	A DOAD HE DISCUSSION
The period covered is, through E 2010.	December 31, O The period covered is leaving office.	January 1, 2010, through the date of
Assuming Office: Date/	 The period covered is of leaving office. 	, through the date
Candidate: Election Year Office	sought, if different than Part 1:	
Schedule Summary		_
Check applicable schedules or "None."	► Total number of pages including t	nis cover page:4
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, &	Business Positions - schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income - Gifts - s	
Schedule B - Real Property - schedule attached	Schedule E - Income - Gifts - 7	Travel Payments - schedule attached
	or-	
[] None - No repo	ortable interests on any schedule	
certify under penalty of perjury under the laws of the State	e of California that th	
Date Signed 2-11-11		
Date Signed	Signature _	
	PPPC TONPETER THEIR	лпт е. ооогдто-отта ммм.гррс.са.до ч

FORM 700 – ANNUAL STATEMENT January 1, 2010 – December 31, 2010

JAMES GALLAGHER

Committee Member

Gilsizer
LAFCO
SAFCA
Sutter Butte Flood Control Agency

Committee Member - Alternate

Feather River Air Quality Management District

SCHEDULE C Income, Loans, & Business **Positions**(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
JAMES GALLAGHER

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
KELLEHER & OLIVERA, LLP-STAFF RESOURCES	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
545 FORBES AVENUE, YUBA CITY CA 95991	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
LAW OFFICE	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
ATTORNEY	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq
S10,001 - \$100,000 X OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
	Salary Spouse's or registered domestic partner's income
Loan repayment Partnership	☐ Loan repayment ☐ Partnership
∏ Sale of	Sale of
Sale of(Property, car, boat, etc.)	Sale of(Property, car, boat, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
	1
Other(Describe)	Other(Cescribe)
(2022)	,
► 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	200
* You are not required to report loans from commercia of a retail installment or credit card transaction, made	l lending institutions, or any indebtedness created as part e in the lender's regular course of business on terms your official status. Personal loans and loans received
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
- Section - Sect	% None :
ADDRESS (Business Address Acceptable)	
	SECURITY FOR LOAN None Personal residence
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	City
\$1,001 - \$10,000	
T \$40,004 \$400,000	
\$10,001 - \$100,000	Guarantor
OVER \$100,000	_
_	Other(Oescribe)
_	☐ Other
_	☐ Other

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
JAMES GALLAGHER

- · Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

NAME OF SOURCE	► NAME OF SOURCE
REGIONAL COUNCIL OF RURAL COUNTIES	CATHOLIC HEALTHCARE WEST
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1215 K STREET, SUITE 1650	3400 DATA DRIVE
CITY AND STATE	CITY AND STATE
SACRAMENTO, CA 95814	RANCHO CORDOVA, CA 95670
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
	(DIEPENBROCK/GENCORP/GRANITE/MERCY)
DATE(S): 01,01,10 - 12,31,10 AMT: \$ 175.28	DATE(S): 04 / 18 / 10
TYPE OF PAYMENT: (must check one) 🔀 Gift 🗌 Income	TYPE OF PAYMENT: (must check one) 🖾 Gift 🗌 Income
DESCRIPTION: MEAL EXPENSES RELATED TO ANNUAL DINNERS HELD FOR RCRC	DESCRIPTION: ATTENDANCE AT A BRUNCH HELD DURING THE METRO CHAMBER'S 2010 CAP TO CAP PROGRAM
► NAME OF SOURCE	▶ NAME OF SOURCE
MONTNA FARMS	TEICHERT/SUTTER HEALTH
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
12755 GARDEN HIGHWAY	3500 AMERICAN RIVER DRIVE
CITY AND STATE	CITY AND STATE
YUBA CITY, CA 95991	SACRAMENTO, CA 95864
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3) FARMING	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): 12 / 01 / 10 - 12 / 31 / 10 AMT: \$ 15.00	DATE(S): 04 / 01 / 10 - 04 / 30 / 10 AMT: \$ 36.00
TYPE OF PAYMENT: (must check one)	TYPE OF PAYMENT: (must check one) 🛛 Gift 📗 Income
DESCRIPTION: GIFT BOX	DESCRIPTION: ATTENDANCE AT A DINNER HELD
DESCRIPTION.	DURING THE METRO CHAMBER'S 2010
	CAP TO CAP PROGRAM
Comments:	